

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	SF		12-10-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		67479	02/12/02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	4 15
10 03	04
11	✓
12	✓
13	✓
14	✓
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Claim	Date
Final Original	4 15
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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